CERTIFICATE OF SERVICE

I, Kevin F. O'Brien, attorney for Debtor(s), do herby certify that by filing the attached Notice and Chapter 13 Plan, I have caused the following parties to be served electronically via ECF:

Locke D. Barkley
Chapter 13 Trustee
sbeasley@barkley13.com

MS. US Trustee
USPTPRegion05.AB.ECF@usdoj.gov

I certify that I have this day served a true and correct copy of the attached Notice and Chapter 13 Plan by U.S. Mail, postage prepaid, to the following creditor(s) listed in Sections 3.2 and/or 3.4 of the Plan pursuant to Fed. R. Bankr. P. 7004

American Credit Acceptance Credit Acceptance Corp

961 E. Main St. 2nd Floor P.O. Box 5070

Spartanburg, SC 29302 Southfield, MI 48086-5070

I further certify that I have this day served a true and correct copy of the Notice and Chapter 13 Plan by U.S. mail, postage prepaid, to all other parties listed on the attached master mailing list (Matrix).

Dated: July 9, 2019

/s/ Kevin F. O'Brien

Kevin F. O'Brien Attorney for Debtor(s) 1630 Goodman Rd. East – Suite5 Southaven, MS 38671 (662) 349-3339

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Label Matrix for local noticing 0537-1 Case 19-12673-JDW Northern District of Mississippi Aberdeen Tue Jul 9 11:36:59 CDT 2019 AMERICAN MEDICAL COLLECTION 4 WESTCHESTER PLAZA SUITE 110 Elmsford, NY 10523-1615

U.S. Bankruptcy Court Cochran U.S. Bankruptcy Courthouse 703 Highway 145 North Aberdeen, MS 39730-9569

AD Astra Recovery Serv 8918 W 21 STREET N SUITE 200 PMB 303 Wichita, KS 67205-1880

ARKANSAS OFFICE OF CHILD SUPPORT PO BOX 8133

Little Rock, AR 72203-8133

Ability Recovery Services PO BOX 4031 Wyoming, PA 18644-0031

Acceptance Now 5501 Headquarters Drive Plano, TX 75024-5837

America Esoteric Laboratories PO BOX 144225 Austin. TX 78714-4225

American Credit Acceptance 961 E Main St. 2nd Floor Spartanburg, SC 29302-2185

American Esoteric Laboratories PO BOX 144225 Austin, TX 78714-4225

CENTRAL RESEARCH PO BOX 1460 Saint Louis, MO 63179

(p) CREDIT ACCEPTANCE CORPORATION 25505 WEST 12 MILE ROAD SOUTHFIELD MI 48034-8316

CREDIT COLLECTION SERVICES 725 CANTON ST Norwood, MA 02062-2679 Convenient Care Clinic, PLLC 3040 Goodman Road West Horn Lake, MS 38637-1189

Credit Acceptance Corp POB 5070 Southfield, MI 48086-5070

Credit Management 2121 NOBLESTOWN RD PO BOX 16346 Pittsburgh, PA 15242-0346

Credit Management 6080 TENNYSON PKWY STE 100 Plano, TX 75024-6002 Credit One Bank P.O. Box 98875 Las Vegas, NV 89193-8875

DAR SALUD CARE PLLC 6074 APPLE TREE DRIVE SUITE 10 Memphis, TN 38115-0300

DEPARTMENT OF FINANCE AND ADMINISTRATION PO BOX 8093 Little Rock, AR 72203-8093

DEPARTMENT OF FINANCE AND ADMINISTRATION PO BOX 81369 Little Rock, AR 72203

DOCTORS HEALTH GROUP PO BOX 138 Searcy, AR 72145-0138

Diagnostic Ultrasound Consultants, P.C. The Flinn Clinic 1300 Wolf Park Drive Germantown, TN 38138-1741

EAST ARKANSAS VIDEO DPT 1228 PO BOX 2153 Birmingham, AL 35287-0002

EAST ARKANSAS VIDEO PO BOX 118288 Carrollton, TX 75011-8288

Entergy 4809 Jefferson Highway JEFFERSON, LA 70121-3122

Fedloan Servicing POB 60610 Harrisburg, PA 17106-0610

Franklin Coll Svc 2978 W. Jackson St. Tupelo, MS 38801-6731

JTM CAPITAL MANAGEMENT LLC 6400 SHERIDAN DRIVE WILLIAMSVILLE, NY 14221-4842

LVNV Funding LLC P.O.Box 1269 Greenville, SC 29602-1269

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Medical Anesthesia Group, P.A. Department 2607 PO Box 11407 Birmingham, AL 35246-2607

Medical Data Systems Inc. 2001 9TE AVE STE 312 Vero Beach, FL 32960-6413

Monroe & Main 1515 21st St Clinton, VT 05273-2000

NATIONAL HEALTHCARE COLLECTIONS 153 CHESTERFIELD BUSINESS PKWY Chesterfield, MO 63005-1233

NPRTO SOUTH-EAST LLC 256 W DATA DRIVE Draper, UT 84020-2315

Nationwide Credit Inc. PO BOX 14581 Des Moines, IA 50306-3581

Penn Credit PO BOX 69703 Harrisburg, PA 17106-9703 Progressive Leasing 4445 SHADOW RIDGE DRIVE Horn Lake, MS 38637-7333

RECEIVABLE SOLUTIONS INC PO BOX 206153 Dallas, TX 75320-6153

Radius Global Solutions LLC 7831 Glenroy Rd. Suite 250A Minneapolis, MN 55439-3117

Resurgent Capital Services P.O. Box 10497 Greenville, SC 29603-0497

SLEEP STUDY CLINICS OF WEST TENNESSEE MSC 7504 PO BOX 415000 Nashville, TN 37241-5000

Speedy Cash PO BOX 780408 Wichita, KS 67278-0408

St. Bernard's Medical POB 88087 Chicago, IL 60680-1087

Swiss Colony/ASHRO 1515 S 21st Clinton, IA 52732-6676

THE BANK OF MISSOURI-TOTAL VISA PO BOX 85710 Sioux Falls, SD 57118-5710

The Pathology Group PO BOX 268984 Oklahoma City, OK 73126-8984

U. S. Department of Education In care of U. S. Attorney 900 Jefferson Avenue Oxford MS 38655-3608

U. S. Trustee 501 East Court Street, Suite 6-430 Jackson, MS 39201-5022

US Department of EDU PO BOX 790336 Saint Louis, MO 63179-0336

Organt Team
Department CH 10976
Palatine, IL 60055-0001

WEBBER MEDICAL COMPLEX 328 KITTLE RD Forrest City, AR 72335-2960

WESSCARE HOME MEDICAL LLC 7679 HWY 51 N Halls, TN 38040

Zoll Life Vest P.O. Box 644321 Pittsburgh, PA 15264-4321

Kevin F. O'Brien 1630 Goodman Road East Suite 5 Southaven, MS 38671-9556

Latonya S Starks 4445 Shadow Ridge Drive Horn Lake, MS 38637-7333

6360 I-55 North Suite 140 Jackson, MS 39211-2038

Locke D. Barklev

Randall J Hood 4445 Shadow Ridge Drive Horn Lake, MS 38637-7333

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The preferred mailing address (p) above has been substituted for the following entity/entities as so specified by said entity/entities in a Notice of Address filed pursuant to 11 U.S.C. 342(f) and Fed.R.Bank.P. 2002 (g) (4).

CREDIT ACCEPTANCE 25505 W 12 MILE RD SOUTHFIELD MI 48034

The following recipients may be/have been bypassed for notice due to an undeliverable (u) or duplicate (d) address.

(d)Credit Collection Services 725 CANTON STREET Norwood, MA 02062-2679

(u)Stern Cardiovascular Foundation PO BOX 1000 Dept 984

End of Label Matrix
Mailable recipients 57
Bypassed recipients 2
Total 59

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FRI In this internialion to Identity your cm:	Chook if this is an
Debtor 1 Randall J. Hood First Name Middle Name Last Name	☐ Check if this is an amended notice.
Debtor 2 Latonya S. Starks (Spouse, d Ming) First Name Middle Name Last Name	
United States Bankruptcy Court for the Northern District of Mississippi	
Case numbe <u>r 19-12673</u>	

Notice of Filing Chapter 13 Plan and Motions for Valuation and Lien Avoidance

The above-named Debtor(s) has filed a Chapter 13 Plan and Motions for Valuation and Lien Avoidance (the "Plan") with the Bankruptcy Court in the above-referenced case (see attachment).

Any objection to confirmation of the Plan or the motions contained therein shall be filed in writing with the Clerk of Court at 703 Hwy. 145 North, Aberdeen, MS 39730 on or before **September 4, 2019**. Copies of the objection must be served on the Trustee, US Trustee, Debtor(s), and Attorney for Debtor(s).

Objections to confirmation will be heard and confirmation determined on <u>September 17, 2019 at 1:30 pm, Oxford Federal Building, 911 Jackson Avenue, Oxford, MS 38655</u> unless the court orders otherwise. If no objection is timely filed, the Plan may be confirmed without a hearing.

X /s/Kevin F. O'Brien
Signature of Attorney for Debtor(s)

Dated: 7/9/2019

1630 Goodman Rd East –Suite 5 Southaven, MS 38671 (662) 349-3339 MSB# 10731 bankruptcy@obrienfirm.com

Committee of the commit	745000000000000000000000000000000000000		
Fill in this i	nformation to identify your case:		
Debtor 1	Randall J. Hood		
	Full Name (First, Middle, Last)		
Debtor 2	Latonya S. Starks		
(Spouse, if filing	3) Full Name (First, Middle, Lest)		his is an amended list below the
United States	Bankruptcy Court for the: Northem District of Mississippi	sections	of the plan that have
		been cha	ngea.
Case number (If known)	19-12673		
Chapte	er 13 Plan and Motions for Valuation and Lic	en Avoida	nce 12/17
Part 1:_	Notices		
To Debtors:	This form sets out options that may be appropriate in some cases, but the presence does not indicate that the option is appropriate in your circumstances or that it is pe district. Plans that do not comply with local rules and judicial rulings may not be co ALL secured and priority debts must be provided for in this plan.	rmiecible is vous in	elle le l
	In the following notice to creditors, you must check each box that applies.		
To Creditors:	Your rights may be affected by this plan. Your claim may be reduced, modified, or el	iminated.	
	You should read this plan carefully and discuss it with your attorney if you have one in this have an attorney, you may wish to consult one.	bankruptcy case. If y	ou do not
	If you oppose the plan's treatment of your claim or any provision of this plan, you or objection to confirmation on or before the objection deadline announced in Part 9 of Bankruptcy Case (Official Form 309I). The Bankruptcy Court may confirm this plan wobjection to confirmation is filed. See Bankruptcy Rule 3015.	the Notice of Cham	ton 49
	The plan does not allow claims. Creditors must file a proof of claim to be paid under any plant of the plant does not allow claims.	an that may be confir	med.
	The following matters may be of particular importance. Debtors must check one box on a not the plan includes each of the following items. If an item is checked as "Not Included checked, the provision will be ineffective if set out later in the plan.	anch line to state w	hothor or
1.1 A lir	nit on the amount of a secured claim, set out in Section 3.2, which may result in a lail payment or no payment at all to the secured creditor	✓ Included	☐ Not included
1.2 Avo	dance of a judicial lien or nonpossessory, nonpurchase-money security interest, set n Section 3.4	☐ included	✓ Not included
1.3 Non	standard provisions, set out in Part 8	✓ Included	Met in alcohol
		✓ mciuaea	■ Not included

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Part 2:	Plan Payments and Length of Plan
2.1 Length	of Plan.
The plan per fewer than 6 specified in t	iod shall be for a period of $\underline{}$ months, not to be less than 36 months or less than 60 months for above median income debtor(s). If 0 months of payments are specified, additional monthly payments will be made to the extent necessary to make the payments to creditors his plan.
2.2 Debtor(s	e) will make regular payments to the trustee as follows:
Debtor shall	pay \$1,095.00(monthly, _ semi-monthly, _ weekly, or _ bi-weekly) to the chapter 13 trustee. Unless otherwise ordered by Order directing payment shall be issued to the debtor's employer at the following address:
	TFS Bill Pay
Joint Debtor by the court,	shall pay \$ (monthly,semi-monthly,weekly, orbi-weekly) to the chapter 13 trustee. Unless otherwise ordered an Order directing payment shall be issued to the joint debtor's employer at the following address:
2.3 Income t	ax returns/refunds.
Check all	that apply .
	(s) will retain any exempt income tax refunds received during the plan term.
☐ Debtor	(s) will supply the trustee with a copy of each income tax return filed during the plan term within 14 days of filing the return and will turn over
	trustee all non-exempt income tax refunds received during the plan term. (s) will treat income tax refunds as follows:
	Cy will describe tax retained as follows.
2.4 Addition	al payments.
Check on	1.4
✓ None.	If "None" is checked, the rest of § 2.4 need not be completed or reproduced.
Debtor	(s) will make additional payment(s) to the trustee from other sources, as specified below. Describe the source, estimated amount, and date anticipated payment.
Part 3:	
Section .	Treatment of Secured Claims
3.1 Mortgage Check all	es. (Except mortgages to be crammed down under 11 U.S.C. § 1322(c)(2) and identified in § 3.2 herein.) that apply.
☑ None.	f "None" is checked, the rest of § 3.1 need not be completed or reproduced.
_	
13	Incipal Residence Mortgages: All long term secured debt which is to be maintained and cured under the plan pursuant to 11 U.S.C. § 22(b)(5) shall be scheduled below. Absent an objection by a party in interest, the plan will be amended consistent with the proof of claim d by the mortgage creditor, subject to the start date for the continuing monthly mortgage payment proposed herein.

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	1st Mtg pmts to			
	Beginning			es escrow Yes No
	1 st Mtg arrears to		Through	\$\$
3.1(b)	Non-Principal Residence Mortgages: All long to U.S.C. § 1322(b)(5) shall be scheduled below. Ab of claim filed by the mortgage creditor, subject to to	erm secured debt which is to sent an objection by a parto he start date for the continu	to be maintained and cured under the y in interest, the plan will be amende ing monthly mortgage payment prop	e plan pursuant to 11 d consistent with the proo losed herein.
	Property 1 address:			
	Mtg pmts to			
	Beginning	@\$	Plan Direct. Include	s escrow Yes No
	Property 1: Mtg arrears to		Through	\$
3.1(c)	☐ Mortgage claims to be paid in full over the plan with the proof of claim filed by the mortgage creditor	term: Absent an objection	by a party in interest, the plan will b	e amended consistent
	Creditor:		Approx. amt. due:	lat D (a
	Property Address:			Int. Rate*:
	Principal Balance to be paid with interest at the rat			
	(as stated in Part 2 of the Mortgage Proof of Claim	Attachment)		
	Portion of claim to be paid without interest: \$(Equal to Total Debt less Principal Balance)			
	Special claim for taxes/insurance: \$ (as stated in Part 4 of the Mortgage Proof of Claim	/month, be	ginning	_
	*Unless otherwise ordered by the court, the interes	t rate shall be the current T	ill rate in this District	
	Insert additional claims as needed		and District.	

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				on of undersecured cla	anna, oneck one.	
None. If "None"	is checked, the rest	of § 3.2 need not be comple	ted or reproduced.			
The remainder	of this paragraph v	vill be effective only if the	applicable box in l	Part 1 of this plan is ch	eckeri	
☑ Pursuant to Bar distributed to ho forth below or a	nkruptcy Rule 3012, f olders of secured clai my value set forth in t	or purposes of 11 U.S.C. § 8 ms, debtor(s) hereby move(the proof of claim. Any object ankruptcy Case (Official Fon	506(a) and § 1325(as) the court to value	a)(5) and for purposes of	f determination of th	e amounts to be of any value se ne announced ir
The portion of a the amount of a unsecured claim	ny allowed claim that creditor's secured cl r under Part 5 of this	t exceeds the amount of the aim is listed below as having plan. Unless otherwise orde unts listed in this paragraph	secured claim will to	pe treated as an unsecu itor's allowed claim will be amount of the creditor	red claim under Par De treated in its enti 's total claim listed (t 5 of this plan. I rety as an on the proof of
Nam	e of creditor	Estimated amount of creditor's total claim #	Collateral	Value of collateral	Amount of secured claim	Interest rate*
American	Credit Acceptance	15,920.00	2013 Dodge Avenger	7,335.00	7,335.00	6.75
Credit Acc	eptance Corp	11,459.00	2012 Dodge Journey	6,525.00	6,525.00	6.75
#For mobile hom	es and real estate id	entified in § 3.2: Special Cla	im for taxes/insuran	Amount per month	Begir	ning
	Name of creditor		Collateral	Amount per month	Begir	ning
*Unless otherwise	Name of creditor	rt, the interest rate shall be t	Collateral	Amount per month	Begir	ning
*Unless otherwise For vehicles iden 3.3 Secured claims ex	Name of creditor e ordered by the coutified in § 3.2: The cu	rt, the interest rate shall be t	Collateral	Amount per month	Begir	ning
*Unless otherwise For vehicles iden 3.3 Secured claims ex Check one.	Name of creditor e ordered by the coutified in § 3.2: The cut	rt, the interest rate shall be t irrent mileage is 	Collateral he current Till rate in	Amount per month	Begir	ning
*Unless otherwise For vehicles iden 3.3 Secured claims ex Check one. None. If "None" is 1 The claims listed (1) incurred with	Name of creditor e ordered by the coutified in § 3.2: The cut cluded from 11 U.S s checked, the rest of below were either: hin 910 days before to	rt, the interest rate shall be to th	Collateral he current Till rate in	Amount per month		
*Unless otherwise For vehicles iden 3.3 Secured claims ex Check one. V None. If "None" is The claims listed (1) incurred with personal us	Name of creditor e ordered by the cou tified in § 3.2: The cu ccluded from 11 U.S s checked, the rest of below were either: hin 910 days before to e of the debtor(s), or	rt, the interest rate shall be to th	he current Till rate in the current Till rate	Amount per month In this District.	a motor vehicle acqu	
*Unless otherwise For vehicles iden 3.3 Secured claims ex Check one. None. If "None" is The claims listed (1) incurred with personal us (2) incurred with These claims will stated on a proof	Name of creditor e ordered by the countified in § 3.2: The cuntified in § 3.2	rt, the interest rate shall be to th	collateral the current Till rate in ad or reproduced. by a purchase mo- urchase money securate stated below.	Amount per month In this District. The property interest in a survity interest in any other condenses of the property interest orderes.	a motor vehicle acquer thing of value.	vired for the

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Name of creditor		Collateral	Amou	unt of claim	Interest rate
*Unless otherwise ordered by the court, the interest rate	e shall he the current Ti	ll rata in this District			
Insert additional claims as needed.	of the content y	riate iii tilis District.			
3.4 Motion to avoid lien pursuant to 11 U.S.C. § 522.					
Check one.					
None. If "None" is checked, the rest of § 3.4 need not b					
The remainder of this paragraph will be effective on	e completed or reprodu	ced.			
The judicial liens or nonpossessory, nonpurchase mone debtor(s) would have been entitled under 11 U.S.C. § 5 claim listed below will be avoided to the extent that it im an objection on or before the objection deadline annour hereby move(s) the court to find the amount of the judicial lie plan. See 11 U.S.C. § 522(f) and Bankruptcy Rule 4003	pairs such exemptions need in Part 9 of the Not dal lien or security interes	upon entry of the cour upon entry of the ord tice of Chapter 13 Ba est that is avoided wil	t, a judicial lien or s er confirming the p inkruptcy Case (Of I be treated as an i	security intero plan unless th ficial Form 30 unsecured cla	est securing a le creditor files 09I). Debtor(s) aim in Part 5 to
Name of creditor Property subject to lien	Lien amount to be avoided	Secured amount remaining	Type of lien	(coun judgment lien recor court, bo	entification ty, court, date, date of ding, county, ok and page mber)
Insert additional claims as needed.					
3.5 Surrender of collateral.					
Check one.					
None. If "None" is checked, the rest of § 3.5 need not be	completed or reproduc	red			
☐ The debtor(s) elect to surrender to each creditor listed be confirmation of this plan the stay under 11 U.S.C. § 362(all respects. Any allowed unsecured claim resulting from	elow the collateral that s	secures the creditor's	claim. The debtor d that the stay unde ed in Part 5 below.	r(s) request to er § 1301 be	hat upon terminated in
Name of creditor			Collateral		
Insert additional claims as needed.					
Treatment of Fees and Priority Claims 4.1 General	.				

Trustee's fees and all allowed priority claims, including domestic support obligations other than those treated in § 4.5, will be paid in full without

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4.2 Trustee's fees Trustee's fees are governed by st	tatute and may change during the course of the case.	
4.3 Attorney's fees		
✓ No look fee: \$ 3,600.00	·	
Total attorney fee charged:	\$ 1,500.00	
Attorney fee previously paid:	\$ 0.00	
Attorney fee to be paid in plan per confirmation order:	\$ 0.00 (see 8.1)	
Hourly fee: \$. (Subject to approval of Fee Application.)	
Check one.	ney's fees and those treated in § 4.5.	
None. If "None" is checked, the	rest of § 4.4 need not be completed or reproduced.	
☐ Internal Revenue Service \$	·	
☐ Mississippi Dept. of Revenue \$		
Other Department of Finance a	and Administration State Income Tax	
\$ <u>5,207.99</u>		
1.5 Domestic support obligations.		
None. If "None" is checked, the	rest of § 4.5 need not be completed or reproduced.	
DUE TO: Arkansas Office of Chi P.O. Box 8133 Little Rock, AR 72203		
POST PETITION OBLIGATION	TION: In the amount of \$ 364.00 per month beginning 7/2019	
	through payroll deduction, or through the plan.	
	_ , ,	
PRE-PETITION ARREARA	AGE: In the total amount of \$ through	which shall be paid
To be paid ☐ direct, ☐ t	hrough payroll deduction, or through the plan.	

Insert additional claims as needed.

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Part 5: Treatment of Nonpriori	ity Unsecured Claims			
5.1 Nonpriority unsecured claims not sep Allowed nonpriority unsecured claims tha the largest payment will be effective. Che	at are not separately classified	will be paid, pro	rata. If more than one opti	on is checked, the option providing
√ The sum of \$ 39,600.00				
% of the total amount of t	these claims, an estimated pay	ment of \$		
☐ The funds remaining after disbursement			ded for in this plan.	
If the estate of the debtor(s) were liquid Regardless of the options checked about	dated under chapter 7, nonprior	rity unsecured cl	aims would be paid approx	cimately \$ 0.00
5.2 Other separately classifled nonpriority	unsecured claims (special o	laimants). <i>Che</i>	ck one.	
✓ None. If "None" is checked, the rest of The nonpriority unsecured allowed claim	§ 5.2 need not be completed of the state of \$1.2 need below are separately	or reproduced. classified and w	vill be treated as follows	
Name of creditor	Basis for s classification ar	eparate nd treatment	Approximate amount owed	Proposed treatment
6.1 The executory contracts and unexpired and unexpired leases are rejected. Che None. If "None" is checked, the rest of ✓ Assumed items. Current installment p any contrary court order or rule. Arrear trustee rather than by the debtor(s)	§ 6.1 need not be completed a ayments will be disbursed eithe	r reproduced.	or directly by the debtor(s)	on analisad balance
trustee rather than by the debtor(s). Name of creditor	Description of leased property or executory contract	Current installmen	Amount of nt arrearage to be	Treatment of arrearage
Malikia Grifin	Apartment	\$ 1,050.0	pana	
		Disbursed by:		
		☐ Trustee ✓ Debtor(s)		
Insert additional claims as needed.				
Part 7: Vesting of Property of t	he Estate			

7.1 Property of the estate will vest in the debtor(s) upon entry of discharge.

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8.1 Ch	eck "None" or	List Nonsta	andard Plan Provisions				
	None. If "None"	is checked.	the rest of Part 8 need not be	COmpleted or reom	ducad		
unaer i	sankruptcy Rule	3015(c), no	onstandard orovisions must be	set forth helow A		rovision is a provision not o	therwise included in the
			terrolandara provisions set bat	cisewilete ili tilis p	van are inemect	ive.	and who who we have
The fol	lowing plan pr	ovisions wi	ll be effective only if there is	a check in the bo	x "Included" ii	n § 1.3.	
ľ	Debtor's attorne	fee will be	paid by Hyatt Legal.				
Ĺ							
Part 9	Signs	rture(s):					
C. LAKE	Olgila	ruie(s):					
9.1 Sig	natures of Deb	tor(s) and [Debtor(s)' Attorney				
he De	btor(s) and attor	ney for the l	Debtor(s), if any, must sign bei	low. If the Debtor(s)	do not have ar	1 attorney the Debtor(s) m	uet provide their com-t-
address	and telephone	number.	•	(-)		· audiney, are Deplor(s) III.	ust provide their complet
x							
<i>,</i>	/s/ Randall J. Signature of D			x	/s/ Latonya S.	Starks	
	-		_		Signature of D	Debtor 2	
	Executed on	07/03/2019			Executed on	07/03/2019	
		MM / DD	/ Үүүү			MM / DD /YYYY	
	Address L	ine 1		-	Address L	ing d	
					Variez? F	ine i	
	Address L	ine 2		_	Address L	ine 2	
	City, State	, and Zip Cod	e	_	City, State	, and Zip Code	
	T-1- 1						
	Telephone	Number		_	Telephone	Number	
10	/s/ Kevin F. O'	Brien					
•	Signature of A	ttorney for D	Debtor(s)	Date	07/03/2019 MM / DD / Y		
	1630 Gor	odman Rd. E	act Quita 5		, , , , , , ,	• • • • • • • • • • • • • • • • • • • •	
	Address Li		Last Guile-G	-			
	Address Li	ne 2		-			
	Southave	n, MS 3867	1				
	City, State,	and Zip Code	-	•			
	662-349-3		10731				
	Telephone	Number	MS Bar Number				
		rienfirm.con	n				
	Email Adda	000					